U S Department of Labor Office of Labor Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E QUE TE				
1 File Number U 3 474	2 Fiscal Year Covered From			
	1 / 1 / 2004 Through 12 / 31 / 2004			
3 Name and address of person filing	4 Name file number and address of labor organization			
Name Davald F Shrehaw	Name Local 103 IBEW			
	Labor Organization File Number 033484			
PO Box Bldg Room No If any	P O Box Building and Room Number if any			
Street 145 Bold Eagle RC	Street 256 Freeport St			
City So. Weymarth	City Doschester			
State mr ZIP Code + 4 0196	State MA ZIP Code + 4 Q2/22			
5 Position in labor organization Business Agent				
A Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organizat  6 Name and address of Employer (including trade name if any)				
Name Trade Name if any				
PO Box Bldg Room No if any	7 b Amount			
Street				
City				
State ZIP Code + 4				
Signature				
15 Signature and verification The undersigned declares under penalty of submitted in this report (including the information contained in any accompan undersigned s knowledge and belief true correct and complete (See the se	lying documents) has been examined by the signatory and is to the best of the			
Signed Honald & Sheekan	On 08/15/05 1617-436-3710			

Name of Person Filing Donald F. SheehAN		File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested					
8 Name and address of Business (including trade name if any)  Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State  ZIP Code + 4	9 Business deals with  a Labor Organizati  b Trust  c Employer	on			
10 If 9 b or 9 c is checked give trust or employer's name	11 a-Nature of such dealing				
Name  Trade Name If any  P O Box Bidg Room No if any  Street  City  State  ZIP Code + 4	11 b Approximate dollar value of such dealing  12 a Nature of interest held or income received				
	12 b Amount				
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value					
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment				
Name LARRY (ADSON) Trade Name if any State Staret Global Advisors	Boston Bru	ins Ticket			
Street One Lincoln Street  City Boston  State MA ZIP Code + 4 Q2111 2900					
13 b Is the Business an Employer or Consultant 2	14 b Amount of payment		\$ 2500		